

BIAW PLAN DESIGNS

		Plan 1	Plan 2	Plan 3	Plan 4
Employee Life Insurance & Accidental Death & Dismemberment Benefit (AD&D)	Life	\$5,000	\$10,000	\$20,000	\$30,000
	AD&D	\$5,000	\$10,000	\$20,000	\$30,000
Dependent Life Insurance Benefit	Spouse	\$2,500	\$5,000	\$7,500	\$10,000
	Child	\$1,250	\$2,500	\$3,750	\$5,000
	Infant	\$200	\$400	\$600	\$800
Inpatient Hospital Benefit 30 days pp/pcy* max. 500 days lifetime max.	Daily hospital	\$200	\$400	\$500	\$600
	Daily ICU	\$400	\$800	\$1,000	\$1,200
Surgical Benefit (Schedule A)	Pp/pcy* max.	—	\$1,500	\$2,000	\$2,500
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit \$300 pp/pcy* max.	Per visit	\$40	\$20	\$20	\$50
Outpatient Diagnostic X-Ray & Lab Benefit \$300 pp/pcy* max.	Per visit	\$45	\$55	\$65	\$75
Preventive Care Benefit \$150 pp/pcy* max.	Per visit	\$50	—	\$50	\$75
Prescription Drug Benefit \$15 co-pay generic; \$30 co-pay brands	Pp/pcy* max.	\$150	\$150	\$150	\$300
	Pf/pcy** max.	\$300	\$300	\$300	\$600
Vision Care Benefit	Eye exam	—	\$50	\$50	\$50
	Glasses		\$100	\$100	\$100
	or contacts		or \$75	or \$75	or \$75
Accident Benefit \$150 pp/pcy* max.	Per visit	—	\$50	\$60	\$60
Emergency Room Benefit	Per visit	\$50	\$150	\$150	\$150
	Pp/pcy* max.	\$150	\$300	\$300	\$300
Dental Benefit	Per visit basic	—	\$100	\$100	\$100
	Per visit major		\$400	\$400	\$400
	Per visit orthodontia		\$250	\$250	\$250
	Pp/pcy* max.		\$1,000	\$1,500	\$1,500
	Pp/lifetime max. orthodontia		\$750	\$750	\$750
Employee Nonoccupational Disability Income Weekly Benefit	26 weeks, base weekly pay Weekly max.	—	—	66 ² / ₃ % \$300	66 ² / ₃ % \$300
Pharmacy Discount Program		Included	Included	Included	Included
Survivor Benefit		Included	Included	Included	Included
Monthly Premium Class A	Employer pays 100%	\$66.35	\$135.51	\$178.34	\$223.18

* Pp/pcy = per person, per calendar year

** Pf/pcy = per family, per calendar year

Rates shown cover the employee and all eligible dependents. Rates are subject to change.